

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042487

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3012 Registrar's No. 175

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		c. CITY OR TOWN Marshall	
Length of stay in 1b 60Yrs		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Land Nursing Home		d. STREET ADDRESS (If outside, give location) 659 S Lafayette	
Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. NAME OF DECEASED (Type or print) First SALLIE Middle BENT Last BARTLETT		4. DATE OF DEATH Month 10 Day 24 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-28-1884
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Saline Co., Mo.		12. CITIZEN OF WHAT COUNTRY MSA	
13a. FATHER'S NAME Will R. King		13b. MOTHER'S MAIDEN NAME Lottie Ayers	
14. NAME OF HUSBAND OR WIFE James C. Bartlett		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	
16. SOCIAL SECURITY NO. X		17. INFORMANT Address Mr. James C. Bartlett Marshall, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Circumlocution Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Chronic of leukemia DUE TO (b) Chronic of leukemia DUE TO (c) Chronic of leukemia INTERVAL BETWEEN ONSET AND DEATH 6 week 6 month		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Marshall, Missouri	
20g. COUNTY Saline		20h. STATE Missouri	
21. I attended the deceased from 1955 to Oct 25, 1963 Death occurred at 2:00P m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (URE) James C. Bartlett (Degree or title) 22b. ADDRESS Marshall, Missouri	
22c. DATE SIGNED 10-25-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 10-26-1963		23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery	
23d. LOCATION (City, town, or county) Marshall, Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR Jack W. Reser		25. DATE RECD. BY LOCAL REG. Oct. 26 '63	
26. REGISTRAR'S SIGNATURE Carl G. Reed		27. DATE 10-26-63	

OCT 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lee McLaughlin

Licensed Embalmer No. 5160

P. O. Address Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.